

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) BIC-1/1364								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of MEADE, Christopher J. M. et al.</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Application Number 10/614,365</td> <td style="width: 50%; padding: 2px;">Filed July 7, 2003</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For PHARMACEUTICAL COMPOSITIONS BASED ON ANTICHOLINERGICS AND PDE-IV INHIBITORS</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 1623</td> <td style="padding: 2px;">Examiner Eric Olson</td> </tr> </table>			In re Application of MEADE, Christopher J. M. et al.		Application Number 10/614,365	Filed July 7, 2003	For PHARMACEUTICAL COMPOSITIONS BASED ON ANTICHOLINERGICS AND PDE-IV INHIBITORS		Group Art Unit 1623	Examiner Eric Olson
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, <u>11/22/2006</u>, rejecting the following claims: <u>1, 2, 4, 5, 7-11, 13, 19-38, 43 and 44</u>.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3402</u>.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the _____/John A. Sopp/</p> <p><input type="checkbox"/> applicant/inventor. Signature</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.</p> <p style="padding-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed.</p> <p><input checked="" type="checkbox"/> attorney or agent of record. John A. Sopp, Reg. No. 33,103</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Typed or printed name</p> <p style="padding-left: 40px;">Registration number if acting under 37 CFR 1.34(a): _____.</p> <p style="text-align: right; margin-right: 100px;"><u>May 22, 2007</u></p> <p style="text-align: right; margin-right: 100px;">Date</p>										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>										
<p><input type="checkbox"/> *Total of _____ forms are submitted.</p>										

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.